4464-252.

AFTLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESCURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

(A. Coda con., Part 2, Enction 2, Title 31, Chrter 19, #31-13-15 "For instructions on completing this form contact DHR Records Menagement Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983 1. GEORGIA DEPARTMENT OF HUMAN RESOURCES DHR ARCHIVES AND HISTORY Division of Public Bealth : Application Date Application Number Vital Records Section Room 217-H 8/20/82 47 Trinity Avt. S.W. Application Number Atlanta, Ca. 30334 OCT 82-41 2. Person to Contact Working Title 1982 Mike Lavoie Director 656-4750 3. Action Requested Ca. Code Aan. Title 31, Chaptor 10, #31-10-25 Establish Reportion Schedule; record will continue to accumulate. Rationaciat b. Dispose of present accumulation; no further accumulation anticipated. 80-294 _ Check One: D Change; D Supercede; D Void E Amend Application No. 5. Records Series Title Hollowed by sittle used in office: If different) 4. Detes of Series Enriest 1919 continuing [Georgia Report Of Spontaneous Abortion or Stillbirth (Fetal Death) Files What u the function of the Division and the Office in which this record series is created? 5. Division and Office Function The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the public health programs throughout Georgia. This it accomplished by the establishment of health standards for business, housing and field the improvement of the physical had dental health of adults and children; ithe diagnosis and control of diseases; the monitoring of supplies of drinking vater; and the daily State-wide program of registration, statistical coding, certification, preservation of certificates for births, marriages, divorces, annulments of marriages, and deaths that occur each year in the State. sammer signos) -2702% range propos mitting the encioners of months of the control of th The Vital Records Section has the responsibility to provide services for the registration, statistical coding, certification, and preservation of records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, and legitimation of births which occur each year within the State. The de fact the dest town) (3) Tene Records Series Description ... This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents getting to: depontaneous abortions or stillbirths (fetal death) which occur in Georgia. her. Cut, pite it lease the end of each celendar gogs, bald your ig (Security Cooy) Figures area Form 3985 (Georgia Report of Spontaneous Abortion or Stillbirth) which shows hospital name and address by city/town and county; daft and hour of delivery: new and weight of fetus; physician's estimate of gestation; mother's maiden name, age, date of birth, residence, whether or not married, race, origin or descent, education; whether or not first pregnancy,-month of pregnancy prenatal Cafe began, total prenatal visits; date last normal menses began; whether birth single, twin, triplet, etc.; if multiple birth order': date of last live birth: date of last fetal death; previous live births, ane rite; all other pregnancy terminations which did not result in live birth, and size; result of last pregnancy: father's name, age race, origin or descent; immediate cause of fetal death; fetal or maternal conditions contributing to fetal death; comolications of pregnancy, complications of labor and/or delivery; concurrent Illness or conditions affecting the pregnancy; (See Continuation Sheet) Twe file is arranged: numerically by number assigned by Vital Records Service Monthly Reference Rate How often are records referred to which are: _ : Seven to twelve months old _ One to six months old. Thirmen to twenty-four months old twenty-five months and older _ Annual Rate of Accumulation or Records

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.Application for Records Retention Schedule*

Georgia Report of Spontaneous Abortion or Stillbirth (Fetal Death) Files

Continuation

7. concurrent illnesses or conditions affecting the pregnancy; signature to certify that delivery occurred on date stated, and that fetus was born dead; name and title of certifier and address; date of signature; burial, cremation, removal; disposition date, cemetery, crematory or institution name and location; signature of Registrar and date.received.

12. Magnetic Tape

Security Copy (maintained by DOAS)

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Upon completion of tape for each given calendar year, DOAS will be notified by Vital Records Service to transfer security copy to State Records Center for storage in Archives Building where it will be held 50 years; then destroyed.

Page 3

(Note: every two years the tape will be returned to Vital Records Service to be checked for stability of the magnetic bits; and, if necessary, for the tape to be rerun and the magnetic bits reinforced).

Working Copy

Destroy when obsolete, superceded, or no longer needed for reference.

Computer Printout (error list)

Destroy when all errors have been corrected.

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF NUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

| | For instructions on con 30334. Phone • (404) 6 | npleting this form contact DHR Records Management Unit 56-4976 GIST: 221-4983 | , 47 Trinity Avenue, Atlanta, Georgia |
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| Ā | oplication Date | Division of Physical Health | Application Number |
| | | Vital Records Section | 80-294 |
| <u> ۔</u> | April 21, -1980 | Room 217-H | Date Received Date Completed |
| ^ | DHR 80-14 | 47 Trinity Avenue, S. W. | APP |
| - | * * * * * * * * * * * * * * * * * * * | Atlanta, Georgia 30334 | 2 1980 3011 2 3 1980 |
| 2. | Person to Contact | Working Ti& | Telephone Number |
| ļ | Michael | Lavoie MR_ Director, Vital Records S | Section 656-4750 |
| 3. | Action Requested | | |
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| 7. | Documents relating to: rep | This file contains the following documents linclude form numbers as orting spontaneous abortions or still bir | ths (fetal death) which occur |
| - | which shows hospilivery; sex and we name, age, date of education; whether prenatal visits; etc.; if multiple | (Rev. 5-79) (Georgia Report of Spontaneo tal name and address by city/town and couveight of fetus; physician's estimate of birth, residence, whether or not marrieder or not first pregnancy, month of pregnate last normal menses began; whether a, birth order; date of last live birth; | nty; date and hour of de- gestation; mother's maiden d, race, origin 'or descent, ancy prenatal care began, total birth single, twin, triplet, date of last fetal death; |
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47 Included are; (contd)

signature to certify that delivery occured on date stated, and that fetus was born dead; name and title of certifier and address; date of signature; burial, cremation, removal; disposition date, cemetery, crematory or institution name and location; signature of Registrar and date recaived.